Vendor **RN SPECIALTIES** Remit to:

PO BOX 6069-DEPT 159

INDIANAPOLIS IN 46206 Facility:

RN SPECIALTIES Name and Address Cntct: ANDY LAMBERSON 409 MASSACHUSETTS AVE of Vendor:

INDIANAPOLIS IN 46204

Page 000000000000000000010283 1 **of** 15

ASA7-7-40 Medical Temp Requisition Nbr.:

Effective Date: 09/01/2007 **Expiration Date:** 10/31/2009

Agency Number:

RFP 7-14 351956053 Vendor Federal ID: Vendor Telephone Nbr: 317-254-1132 Name Of Contact Pers: ANDY LAMBERSON

FAX Number: 317-715-9147

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

The Vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration of the QPA but issued prior to the expiration date. The quantity listed herein is an estimate of the requirements. The state may order substantially more or substantially less pursuant to the terms of this agreement. Orders are to be delivered only upon receipt of properly approved Quantity Purchase Award Release.

Line Number Quantity UNIT

Article and Description

Unit Price

This is an award of a Quantity Purchase Agreement for Temporary Medical Services. QPA can be mutually renewed for two additional years.

The vendor agrees to charge these prices for any services ordered on any QPA release received after the expiration date, but issued prior to the expiration date, and postmarked no later than 14 business days after the QPA's expiration date.

Quantities were estimated and actual usage could be substantially more or less.

The vendor must maintain, at a minimum, the following information and be capable of supplying a report within one week of a request by the State:

- Number of hours for each classifications of Medical Staffing Personnel, including shift, holiday or overtime breakdown and, purchased by any State Agency and/or Political Subdivision, separated by each.
- 2. Total Dollar value of purchases made, separated by State Agency and/or Political Subdivision.

If the M/WBE participation level will exceed or fail to meet the goals outlined in the contractor's proposal, you must notify the M/WBE office immediately at MWDBE@idoa.in.gov. In the event that the contractor fails to report changes in participation attainment, demonstrate a good faith effort to reach the participation goals, pay the MBE and WBE in a timely manner or satisfactorily resolve any outstanding claims, the department may elect to withhold a disputed amount from the payments due to the contractor, suspend or terminate the contract, recommend suspension of the contractor's certification status with the public works division, and/or suspend, revoke, or deny the MBE or WBE certification and eligibility to participate in the MBE or WBE program per (25 IAC 5-7-8).

ORDERS PROCESSING:

Personnel will be made available to accept orders from 8:00 AM to 6:00 PM and provide a 24/7 access line for emergency and short turnaround needs.

The designated representative for the State Agency shall have the right to reject any of the personnel assigned to perform the requested services. Should an employee be rejected, the vendor will assign replacement personnel to meet the requirements and qualifications of the State Agency.

The Requesting State Agency shall have the right to request resumes to review potential candidates submitted for temporary employment and to conduct pre-employment interviews. Based upon those interviews, if conducted, the State may request the preferred temporary service employee. The vendor shall provide all resumes, licenses and assisting documents for the personnel submitted and make all reasonable efforts to fufill the service need with the candidate requested.

The vendor must be able to place a Temporary Medical Service Professional within four hours of notification. Proper resources screening will be conducted for each employee such as but not limited to background, criminal record, drug, education, training/skills, current valid licenses, etc. The vendor must provide copies of the background checks to the Requesting State Agency at the time the employee's name and information is submitted for consideration of temporary employment. The Requesting State Agency or IDOA will require the vendor to remove any individual whose background check reveals information which would cause the individual not to be hired, transferred, promoted, or retained by the State as a regular employee.

RN SPECIALTIES Vendor PO BOX 6069-DEPT 159 Remit to:

INDIANAPOLIS IN 46206

Name and RN SPECIALTIES

Cntct: ANDY LAMBERSON Address of Vendor: 409 MASSACHUSETTS AVE INDIANAPOLIS IN 46204

Page 2 **of** 15

ASA7-7-40 Medical Temp Requisition Nbr.:

09/01/2007 Effective Date: 10/31/2009 **Expiration Date:**

Agency Number:

Facility: **RFP 7-14** 351956053 Vendor Federal ID: Vendor Telephone Nbr: 317-254-1132

Name Of Contact Pers: ANDY LAMBERSON

FAX Number: 317-715-9147

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity UNIT	Article and Description	Unit Price
1	99,999,999.00 HUR0000000010005701 Shift 1	8 Licensed Practical Nurse, Laporte District, Regular	33.6800
2	99,999,999.00 HUR0000000010005701 Shift 2	9 Licensed Practical Nurse, Laporte District, Regular	34.6800
3	99,999,999.00 HUR0000000010005702 Shift 3	0 Licensed Practical Nurse, Laporte District, Regular	36.6800
4	99,999,999.00 HUR00000000010005702 Holiday/Overtime Shi	· · · · · · · · · · · · · · · · · · ·	45.4700
5	99,999,999.00 HUR0000000010005702 Holiday/Overtime Shi		46.8200
6	99,999,999.00 HUR0000000010005702 Holiday/Overtime Shi		49.5200
7	99,999,999.00 HUR0000000010005702	4 Registered Nurse, Laporte District, Regular Shift 1	45.4300
8	99,999,999.00 HUR0000000010005702	5 Registered Nurse, Laporte District, Regular Shift 2	46.4300
9	99,999,999.00 HUR0000000010005702	6 Registered Nurse, Laporte District, Regular Shift 3	47.4300
10	99,999,999.00 HUR0000000010005702 Shift 1	7 Registered Nurse, Laporte District, Holiday/Overtime	61.3300
11	99,999,999.00 HUR0000000010005702 Shift 2	8 Registered Nurse, Laporte District, Holiday/Overtime	62.6800
12	99,999,999.00 HUR0000000010005702 Shift 3	9 Registered Nurse, Laporte District, Holiday/Overtime	64.0300
13	99,999,999.00 HUR0000000010005703 Shift 1	O Clinical Nurse Specialist, Laporte District, Regular	65.9700
14	99,999,999.00 HUR0000000010005703 Shift 2	1 Clinical Nurse Specialist, Laporte District, Regular	65.9700
15	99,999,999.00 HUR0000000010005703 Shift 3	2 Clinical Nurse Specialist, Laporte District, Regular	65.9700
16	99,999,999.00 HUR0000000010005703 Holiday/Overtime Shi		89.0600
17	99,999,999.00 HUR0000000010005703 Holiday/Overtime Shi		89.0600
18	99,999,999.00 HUR00000000010005703 Holiday/Overtime Shi		89.0600
19	99,999,999.00 HUR0000000010005703	6 Nurse Practitioner, Laporte District, Regular Shift 1	65.9700
20	99,999,999.00 HUR0000000010005703	7 Nurse Practitioner, Laporte District, Regular Shift 2	65.9700

RN SPECIALTIES Vendor PO BOX 6069-DEPT 159 Remit to:

INDIANAPOLIS IN 46206

Name and RN SPECIALTIES Cntct: ANDY LAMBERSON Address of Vendor: 409 MASSACHUSETTS AVE

INDIANAPOLIS IN 46204

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ASA7-7-40 Medical Temp Requisition Nbr.:

09/01/2007 Effective Date: 10/31/2009 **Expiration Date:**

Agency Number:

Facility: RFP 7-14 351956053 Vendor Federal ID: Vendor Telephone Nbr: 317-254-1132

Name Of Contact Pers: ANDY LAMBERSON FAX Number: 317-715-9147

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity	UNIT	Article and Description	Unit Price
21	99,999,999.00	HUR00000000100057038	Nurse Practitioner, Laporte District, Regular Shift 3	65.9700
22	99,999,999.00	HUR000000000100057039 Holiday/Overtime Shift 1	Nurse Practitioner, Laporte District,	89.0600
23	99,999,999.00	HUR000000000100057040 Holiday/Overtime Shift 2	Nurse Practitioner, Laporte District,	89.0600
24	99,999,999.00	HUR000000000100057041 Holiday/Overtime Shift 3	Nurse Practitioner, Laporte District,	89.0600
25	99,999,999.00	HUR000000000100057048 Shift 1	Radiologic Technician, Laporte District, Regular	48.9100
26	99,999,999.00	HUR000000000100057049 Shift 2	Radiologic Technician, Laporte District, Regular	49.9100
27	99,999,999.00	HUR000000000100057050 Shift 3	Radiologic Technician, Laporte District, Regular	50.9100
28	99,999,999.00	HUR000000000100057051 Holiday/Overtime Shift 1	Radiologic Technician, Laporte District,	66.0300
29	99,999,999.00	HUR000000000100057052 Holiday/Overtime Shift 2	Radiologic Technician, Laporte District,	67.3800
30	99,999,999.00	HUR000000000100057053 Holiday/Overtime Shift 3	Radiologic Technician, Laporte District,	68.7300
31	99,999,999.00) HUR000000000100057054 1	Certified Nurse Aide, Laporte District, Regular Shift	24.9000
32	99,999,999.00	0 HUR000000000100057055 2	Certified Nurse Aide, Laporte District, Regular Shift	25.9000
33	99,999,999.00	HUR00000000100057056 t3	Certified Nurse Aide, Laporte District, Regular Shif	27.9000
34	99,999,999.00	HUR000000000100057057 Holiday/Overtime Shift 1	Certified Nurse Aide, Laporte District,	33.6200
35	99,999,999.00	HUR000000000100057058 Holiday/Overtime Shift 2		34.9700
36	99,999,999.00	HUR000000000100057059 Holiday/Overtime Shift 3	Certified Nurse Aide, Laporte District,	37.6700
37	99,999,999.00	HUR000000000100057060 Shift 1	Qualified Medication Aide, Laporte District, Regular	27.9000
38	99,999,999.00	HUR000000000100057061 Shift 2	Qualified Medication Aide, Laporte District, Regular	28.9000
39	99,999,999.00	HUR000000000100057062 Shift 3	Qualified Medication Aide, Laporte District, Regular	29.9000

RN SPECIALTIES Vendor PO BOX 6069-DEPT 159 Remit to:

INDIANAPOLIS IN 46206

Name and RN SPECIALTIES Cntct: ANDY LAMBERSON Address

of Vendor:

409 MASSACHUSETTS AVE INDIANAPOLIS IN 46204

Page 4 **of** 15

ASA7-7-40 Medical Temp Requisition Nbr.:

09/01/2007 Effective Date: 10/31/2009 **Expiration Date:**

Agency Number:

Facility: RFP 7-14 351956053 Vendor Federal ID:

Vendor Telephone Nbr: 317-254-1132 Name Of Contact Pers: ANDY LAMBERSON FAX Number: 317-715-9147

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity	UNIT	Article and Description	Unit Price
40	99,999,999.0	0 HUR000000000100057063 Holiday/Overtime Shift	Qualified Medication Aide, Laporte District,	37.6700
41	99,999,999.0	0 HUR000000000100057064 Holiday/Overtime Shift 2	Qualified Medication Aide, Laporte District,	39.0200
42	99,999,999.0	0 HUR000000000100057065 Holiday/Overtime Shift 3	Qualified Medication Aide, Laporte District,	40.3700
43	99,999,999.0	0 HUR000000000100057096 Regular Shift 1	Licensed Practical Nurse, Fort Wayne District,	33.6800
44	99,999,999.0	0 HUR000000000100057097 Regular Shift 2	Licensed Practical Nurse, Fort Wayne District,	34.6800
45	99,999,999.0	0 HUR000000000100057098 Regular Shift 3	Licensed Practical Nurse, Fort Wayne District,	36.6800
46	99,999,999.0	0 HUR000000000100057099 Holiday/Overtime Shift	Licensed Practical Nurse, Fort Wayne District,	45.4700
47	99,999,999.0	0 HUR000000000100057100 Holiday/Overtime Shift 2	Licensed Practical Nurse, Fort Wayne District,	46.8200
48	99,999,999.0	0 HUR000000000100057101 Holiday/Overtime Shift 3	Licensed Practical Nurse, Fort Wayne District,	49.5200
49	99,999,999.0	0 HUR000000000100057102 1	Registered Nurse, Fort Wayne District, Regular Shift	45.4300
50	99,999,999.0	0 HUR000000000100057103 2	Registered Nurse, Fort Wayne District, Regular Shift	46.4300
51	99,999,999.0	0 HUR000000000100057104 3	Registered Nurse, Fort Wayne District, Regular Shift	47.4300
52	99,999,999.0	0 HUR000000000100057105 Holiday/Overtime Shift	Registered Nurse, Fort Wayne District,	61.3300
53	99,999,999.0	0 HUR000000000100057106 Holiday/Overtime Shift 2	Registered Nurse, Fort Wyane District, 2	62.6800
54	99,999,999.0	0 HUR000000000100057107 Holiday/Overtime Shift 3	Registered Nurse, Fort Wayne District,	64.0300
55	99,999,999.0	0 HUR000000000100057108 Regular Shift 1	Clinical Nurse Specialist, Fort Wayne District,	65.9700
56	99,999,999.0	0 HUR000000000100057109 Regular Shift 2	Clinical Nurse Specialist, Fort Wayne District,	65.9700
57	99,999,999.0	0 HUR000000000100057110 Regular Shift 3	Clinical Nurse Specialist, Fort Wayne District,	65.9700
58	99,999,999.0	0 HUR000000000100057111 Holiday/Overtime Shift	Clinical Nurse Specialist, Fort Wayne District,	89.0600

RN SPECIALTIES Vendor PO BOX 6069-DEPT 159 Remit to:

INDIANAPOLIS IN 46206

Name and RN SPECIALTIES Cntct: ANDY LAMBERSON Address

of Vendor: 409 MASSACHUSETTS AVE INDIANAPOLIS IN 46204

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ASA7-7-40 Medical Temp Requisition Nbr.:

09/01/2007 Effective Date: 10/31/2009 **Expiration Date:**

Agency Number:

Facility: RFP 7-14 351956053 Vendor Federal ID: Vendor Telephone Nbr: 317-254-1132

Name Of Contact Pers: ANDY LAMBERSON FAX Number: 317-715-9147

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity UNIT	Article and Description	Unit Price
59		00100057112 Clinical Nurse Specialist, Fort Wayne District, Overtime Shift 2	89.0600
60	99,999,999.00 HUR00000000 Holiday/C	00100057113 Clinical Nurse Specialist, Fort Wayne District, Overtime Shift 3	89.0600
61	99,999,999.00 HUR00000000 Shift 1	00100057114 Nurse Practitioner, Fort Wayne District, Regular	65.9700
62	99,999,999.00 HUR00000000 Shift 2	00100057115 Nurse Practitioner, Fort Wayne District, Regular	65.9700
63	99,999,999.00 HUR00000000 Shift 3	00100057116 Nurse Practitioner, Fort Wayne District, Regular	65.9700
64	99,999,999.00 HUR00000000 Holiday/C	00100057117 Nurse Practitioner, Fort Wayne District, Overtime Shift 1	89.0600
65		00100057118 Nurse Practitioner, Fort Wayne District, Overtime Shift 2	89.0600
66	99,999,999.00 HUR00000000 Holiday/C	00100057119 Nurse Practitioner, Fort Wayne District, Overtime Shift 3	89.0600
67	99,999,999.00 HUR00000000 Shift 1	00100057126 Radiologic Technician, Fort Wayne District, Regular	48.9100
68	99,999,999.00 HUR00000000 Shift 2	00100057127 Radiologic Technician, Fort Wayne District, Regular	49.9100
69	99,999,999.00 HUR00000000 Shift 3	00100057128 Radiologic Technician, Fort Wayne District, Regular	50.9100
70	99,999,999.00 HUR00000000 Holiday/C	00100057129 Radiologic Technician, Fort Wayne District, Overtime Shift 1	66.0300
71	99,999,999.00 HUR00000000 Holiday/C	00100057130 Radiologic Technician, Fort Wayne District, Overtime Shift 2	67.3800
72	99,999,999.00 HUR00000000 Holiday/C	00100057131 Radiologic Technician, Fort Wayne District, Overtime Shift 3	68.7300
73	99,999,999.00 HUR00000000 Shift 1	00100057132 Certified Nurse Aide, Fort Wayne District, Regular	24.9000
74	99,999,999.00 HUR00000000 Shift 2	00100057133 Certified Nurse Aide, Fort Wayne District, Regular	25.9000
75	99,999,999.00 HUR00000000 Shif t3	00100057134 Certified Nurse Aide, Fort Wayne District, Regular	27.9000
76	99,999,999.00 HUR00000000 Holiday/C	00100057135 Certified Nurse Aide, Fort Wayne District, Overtime Shift 1	33.6200
77	99,999,999.00 HUR00000000	00100057136 Certified Nurse Aide, Fort Wayne District,	34.9700

RN SPECIALTIES Vendor PO BOX 6069-DEPT 159 Remit to:

INDIANAPOLIS IN 46206

Name and RN SPECIALTIES Cntct: ANDY LAMBERSON Address of Vendor: 409 MASSACHUSETTS AVE

INDIANAPOLIS IN 46204

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09/01/2007 Effective Date: 10/31/2009 **Expiration Date:**

Agency Number:

Facility: RFP 7-14 351956053 Vendor Federal ID: Vendor Telephone Nbr: 317-254-1132

Name Of Contact Pers: ANDY LAMBERSON

FAX Number: 317-715-9147

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity UNIT Article and Description Holiday/Overtime Shift 2	Unit Price
78	99,999,999.00 HUR00000000100057137 Certified Nurse Aide, Fort Wayne District, Holiday/Overtime Shift 3	37.6700
79	99,999,999.00 HUR00000000100057138 Qualified Medication Aide, Fort Wayne District, Regular Shift 1	27.9000
80	99,999,999.00 HUR00000000100057139 Qualified Medication Aide, Fort Wayne District, Regular Shift 2	28.9000
81	99,999,999.00 HUR00000000100057140 Qualified Medication Aide, Fort Wayne District, Regular Shift 3	29.9000
82	99,999,999.00 HUR00000000100057141 Qualified Medication Aide, Fort Wayne District, Holiday/Overtime Shift 1	37.6700
83	99,999,999.00 HUR00000000100057142 Qualified Medication Aide, Fort Wayne District, Holiday/Overtime Shift 2	39.0200
84	99,999,999.00 HUR00000000100057143 Qualified Medication Aide, Fort Wayne District, Holiday/Overtime Shift 3	40.3700
85	99,999,999.00 HUR00000000100057174 Licensed Practical Nurse, Crawfordsville District, Regular Shift 1	33.6800
86	99,999,999.00 HUR00000000100057175 Licensed Practical Nurse, Crawfordsville District, Regular Shift 2	34.6800
87	99,999,999.00 HUR00000000100057176 Licensed Practical Nurse, Crawfordsville District, Regular Shift 3	36.6800
88	99,999,999.00 HUR00000000100057177 Licensed Practical Nurse, Crawfordsville District, Holiday/Overtime Shift 1	45.4700
89	99,999,999.00 HUR00000000100057178 Licensed Practical Nurse, Crawfordsville District, Holiday/Overtime Shift 2	46.8200
90	99,999,999.00 HUR00000000100057179 Licensed Practical Nurse, Crawfordsville District, Holiday/Overtime Shift 3	49.5200
91	99,999,999.00 HUR0000000100057180 Registered Nurse, Crawfordsville District, Regular Shift 1	45.4300
92	99,999,999.00 HUR0000000100057181 Registered Nurse, Crawfordsville District, Regular Shift 2	46.4300
93	99,999,999.00 HUR0000000100057182 Registered Nurse, Crawfordsville District, Regular Shift 3	47.4300
94	99,999,999.00 HUR0000000100057183 Registered Nurse, Crawfordsville District, Holiday/Overtime Shift 1	61.3300
95	99,999,999.00 HUR0000000100057184 Registered Nurse, Crawfordsville District, Holiday/Overtime Shift 2	62.6800
96	99,999,999.00 HUR00000000100057185 Registered Nurse, Crawfordsville District, State Form 9955(R9/8-02)-Electronic Version-Approved by State B.	64.0300

RN SPECIALTIES Vendor PO BOX 6069-DEPT 159 Remit to:

INDIANAPOLIS IN 46206

Name and RN SPECIALTIES

Cntct: ANDY LAMBERSON Address of Vendor: 409 MASSACHUSETTS AVE INDIANAPOLIS IN 46204

Page 7 **of** 15

ASA7-7-40 Medical Temp Requisition Nbr.:

09/01/2007 Effective Date: 10/31/2009 **Expiration Date:**

Agency Number:

Facility: **RFP 7-14** 351956053 Vendor Federal ID: Vendor Telephone Nbr: 317-254-1132

Name Of Contact Pers: ANDY LAMBERSON FAX Number: 317-715-9147

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number		Article and Description liday/Overtime Shift 3	Unit Price
97	99,999,999.00 HUR000 Reg	000000100057186 Clinical Nurse Specialist, Crawfordsville District, gular Shift 1	65.9700
98	99,999,999.00 HUR000 Reg	000000100057187 Clinical Nurse Specialist, Crawfordsville District, gular Shift 2	65.9700
99	99,999,999.00 HUR000 Reg	000000100057188 Clinical Nurse Specialist, Crawfordsville District, gular Shift 3	65.9700
100	99,999,999.00 HUR000 Holi	000000100057189 Clinical Nurse Specialist, Crawfordsville District, iday/Overtime Shift 1	89.0600
101	99,999,999.00 HUR000 Holi	000000100057190 Clinical Nurse Specialist, Crawfordsville District, iday/Overtime Shift 2	89.0600
102	99,999,999.00 HUR000 Holi	000000100057191 Clinical Nurse Specialist, Crawfordsville District, iday/Overtime Shift 3	89.0600
103	99,999,999.00 HUR000 Shif		65.9700
104	99,999,999.00 HUR000 Shif		65.9700
105	99,999,999.00 HUR000 Shif	· · · · · · · · · · · · · · · · · · ·	65.9700
106	99,999,999.00 HUR000 Holi	000000100057195 Nurse Practitioner, Crawfordsville District, iday/Overtime Shift 1	89.0600
107	99,999,999.00 HUR000 Holi	000000100057196 Nurse Practitioner, Crawfordsville District, iday/Overtime Shift 2	89.0600
108	99,999,999.00 HUR000 Holi	000000100057197 Nurse Practitioner, Crawfordsville District, iday/Overtime Shift 3	89.0600
109	99,999,999.00 HUR000 Reg	000000100057204 Radiologic Technician, Crawfordsville District, gular Shift 1	48.9100
110	99,999,999.00 HUR000 Reg	000000100057205 Radiologic Technician, Crawfordsville District, gular Shift 2	49.9100
111	99,999,999.00 HUR000 Reg	000000100057206 Radiologic Technician, Crawfordsville District, gular Shift 3	50.9100
112	99,999,999.00 HUR000 Holi	000000100057207 Radiologic Technician, Crawfordsville District, iday/Overtime Shift 1	66.0300
113	99,999,999.00 HUR000 Holi	000000100057208 Radiologic Technician, Crawfordsville District, iday/Overtime Shift 2	67.3800
114	99,999,999.00 HUR000 Holi	000000100057209 Radiologic Technician, Crawfordsville District, iday/Overtime Shift 3	68.7300
115	99,999,999.00 HUR000	000000100057210 Certified Nurse Aide, Crawfordsville District,	24.9000

RN SPECIALTIES Vendor PO BOX 6069-DEPT 159 Remit to:

INDIANAPOLIS IN 46206

Name and RN SPECIALTIES Cntct: ANDY LAMBERSON Address of Vendor: 409 MASSACHUSETTS AVE

INDIANAPOLIS IN 46204

8 **of** 15 ASA7-7-40 Medical Temp Requisition Nbr.:

Page

Effective Date: 09/01/2007 10/31/2009

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Facility: RFP 7-14 351956053 Vendor Federal ID: Vendor Telephone Nbr: 317-254-1132

Name Of Contact Pers: ANDY LAMBERSON

FAX Number: 317-715-9147

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity	UNIT Regular Shift 1	Article and Description	Unit Price
116	99,999,999	9.00 HUR000000000100057211 Regular Shift 2	Certified Nurse Aide, Crawfordsville District,	25.9000
117	99,999,999	9.00 HUR000000000100057212 Regular Shif t3	Certified Nurse Aide, Crawfordsville District,	27.9000
118	99,999,999	9.00 HUR000000000100057213 Holiday/Overtime Shift		33.6200
119	99,999,999	9.00 HUR000000000100057214 Holiday/Overtime Shift	Certified Nurse Aide, Crawfordsville District,	34.9700
120	99,999,999	9.00 HUR000000000100057215 Holiday/Overtime Shift		37.6700
121	99,999,999	9.00 HUR000000000100057216 Regular Shift 1	Qualified Medication Aide, Crawfordsville District,	27.9000
122	99,999,999	9.00 HUR000000000100057217 Regular Shift 2	Qualified Medication Aide, Crawfordsville District,	28.9000
123	99,999,999	9.00 HUR000000000100057218 Regular Shift 3	Qualified Medication Aide, Crawfordsville District,	29.9000
124	99,999,999	9.00 HUR000000000100057219 Holiday/Overtime Shift	Qualified Medication Aide, Crawfordsville District,	37.6700
125	99,999,999	9.00 HUR000000000100057220 Holiday/Overtime Shift	Qualified Medication Aide, Crawfordsville District,	39.0200
126	99,999,999	9.00 HUR000000000100057221 Holiday/Overtime Shift	Qualified Medication Aide, Crawfordsville District,	40.3700
127	99,999,999	9.00 HUR000000000100057252 Regular Shift 1	Licensed Practical Nurse, Greenfield District,	33.6800
128	99,999,999	9.00 HUR000000000100057253 Regular Shift 2	Licensed Practical Nurse, Greenfield District,	34.6800
129	99,999,999	9.00 HUR000000000100057254 Regular Shift 3	Licensed Practical Nurse, Greenfield District,	36.6800
130	99,999,999	9.00 HUR000000000100057255 Holiday/Overtime Shift	Licensed Practical Nurse, Greenfield District,	45.4700
131	99,999,999	9.00 HUR000000000100057256 Holiday/Overtime Shift	Licensed Practical Nurse, Greenfield District,	46.8200
132	99,999,999	9.00 HUR000000000100057257 Holiday/Overtime Shift	Licensed Practical Nurse, Greenfield District,	49.5200
133	99,999,999	9.00 HUR00000000100057258 1	Registered Nurse, Greenfield District, Regular Shift	45.4300
134	99,999,999	9.00 HUR00000000100057259	Registered Nurse, Greenfield District, Regular Shift	46.4300

RN SPECIALTIES Vendor PO BOX 6069-DEPT 159 Remit to:

INDIANAPOLIS IN 46206

Name and RN SPECIALTIES

Cntct: ANDY LAMBERSON Address of Vendor: 409 MASSACHUSETTS AVE INDIANAPOLIS IN 46204

Page 9 of 15

ASA7-7-40 Medical Temp Requisition Nbr.:

Effective Date: 09/01/2007 10/31/2009 **Expiration Date:**

Agency Number:

Facility: RFP 7-14 351956053 Vendor Federal ID: Vendor Telephone Nbr: 317-254-1132

Name Of Contact Pers: ANDY LAMBERSON

FAX Number: 317-715-9147

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity	UNIT 2	Article and Description	Unit Price
135	99,999,999	0.00 HUR00000000010005726 3	Registered Nurse, Greenfield District, Regular Shift	47.4300
136	99,999,999	0.00 HUR00000000010005726 Holiday/Overtime Shi		61.3300
137	99,999,999	0.00 HUR00000000010005726 Holiday/Overtime Shi		62.6800
138	99,999,999	0.00 HUR00000000010005726 Holiday/Overtime Shi		64.0300
139	99,999,999	0.00 HUR000000000010005726 Regular Shift 1	64 Clinical Nurse Specialist, Greenfield District,	65.9700
140	99,999,999	0.00 HUR00000000010005726 Regular Shift 2	Clinical Nurse Specialist, Greenfield District,	65.9700
141	99,999,999	0.00 HUR00000000010005726 Regular Shift 3	66 Clinical Nurse Specialist, Greenfield District,	65.9700
142	99,999,999	0.00 HUR000000000010005726 Holiday/Overtime Shi		89.0600
143	99,999,999	0.00 HUR00000000010005726 Holiday/Overtime Shi		89.0600
144	99,999,999	0.00 HUR00000000010005726 Holiday/Overtime Shi		89.0600
145	99,999,999	0.00 HUR00000000010005727 Shift 1	70 Nurse Practitioner, Greenfield District, Regular	65.9700
146	99,999,999	0.00 HUR00000000010005727 Shift 2	71 Nurse Practitioner, Greenfield District, Regular	65.9700
147	99,999,999	0.00 HUR00000000010005727 Shift 3	72 Nurse Practitioner, Greenfield District, Regular	65.9700
148	99,999,999	0.00 HUR00000000010005727 Holiday/Overtime Shi		89.0600
149	99,999,999	0.00 HUR00000000010005727 Holiday/Overtime Shi		89.0600
150	99,999,999	0.00 HUR00000000010005727 Holiday/Overtime Shi	75 Nurse Practitioner, Greenfield District, fift 3	89.0600
151	99,999,999	0.00 HUR000000000010005728 Shift 1	Radiologic Technician, Greenfield District, Regular	48.9100
152	99,999,999	0.00 HUR00000000010005728 Shift 2	Radiologic Technician, Greenfield District, Regular	49.9100
153	99,999,999	0.00 HUR00000000010005728	Radiologic Technician, Greenfield District, Regular	50.9100

Quantity Purchase Agreement Qty Purchase Agreement QPA Number With The State Of Indiana 000000000000000000000010283

RN SPECIALTIES Vendor PO BOX 6069-DEPT 159 Remit to:

INDIANAPOLIS IN 46206

Name and RN SPECIALTIES Cntct: ANDY LAMBERSON Address of Vendor: 409 MASSACHUSETTS AVE INDIANAPOLIS IN 46204

10 of 15 ASA7-7-40 Medical Temp Requisition Nbr.:

Page

09/01/2007 Effective Date: 10/31/2009 **Expiration Date:**

Agency Number:

Facility: RFP 7-14 351956053 Vendor Federal ID: Vendor Telephone Nbr: 317-254-1132

Name Of Contact Pers: ANDY LAMBERSON

FAX Number: 317-715-9147

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity UNIT Shift 3	Article and Description	Unit Price
154	99,999,999.00 HUR000000000100057 Holiday/Overtime S		66.0300
155	99,999,999.00 HUR00000000100057 Holiday/Overtime S	, ,	67.3800
156	99,999,999.00 HUR000000000100057 Holiday/Overtime S	287 Radiologic Technician, Greenfield District, Shift 3	68.7300
157	99,999,999.00 HUR00000000100057 Shift 1	288 Certified Nurse Aide, Greenfield District, Regular	24.9000
158	99,999,999.00 HUR00000000100057 Shift 2	289 Certified Nurse Aide, Greenfield District, Regular	25.9000
159	99,999,999.00 HUR00000000100057 Shif t3	290 Certified Nurse Aide, Greenfield District, Regular	27.9000
160	99,999,999.00 HUR000000000100057 Holiday/Overtime S		33.6200
161	99,999,999.00 HUR000000000100057 Holiday/Overtime S		34.9700
162	99,999,999.00 HUR000000000100057 Holiday/Overtime S		37.6700
163	99,999,999.00 HUR000000000100057 Regular Shift 1	294 Qualified Medication Aide, Greenfield District,	27.9000
164	99,999,999.00 HUR000000000100057 Regular Shift 2	295 Qualified Medication Aide, Greenfield District,	28.9000
165	99,999,999.00 HUR000000000100057 Regular Shift 3	296 Qualified Medication Aide, Greenfield District,	29.9000
166	99,999,999.00 HUR000000000100057 Holiday/Overtime S		37.6700
167	99,999,999.00 HUR000000000100057 Holiday/Overtime S		39.0200
168	99,999,999.00 HUR000000000100057 Holiday/Overtime S	299 Qualified Medication Aide, Greenfield District, Shift 3	40.3700
169	99,999,999.00 HUR00000000100057 Shift 1	330 Licensed Practical Nurse, Seymour District, Regular	33.6800
170	99,999,999.00 HUR00000000100057 Shift 2	331 Licensed Practical Nurse, Seymour District, Regular	34.6800
171	99,999,999.00 HUR00000000100057 Shift 3	332 Licensed Practical Nurse, Seymour District, Regular	36.6800
172	99,999,999.00 HUR00000000100057	333 Licensed Practical Nurse, Seymour District, State Form 9955/P9/9-02) Floatronic Version Approved by St	45.4700

RN SPECIALTIES Vendor PO BOX 6069-DEPT 159 Remit to:

INDIANAPOLIS IN 46206

Name and RN SPECIALTIES

Cntct: ANDY LAMBERSON Address of Vendor: 409 MASSACHUSETTS AVE INDIANAPOLIS IN 46204

Page 11 **of** 15

ASA7-7-40 Medical Temp Requisition Nbr.:

Effective Date: 09/01/2007 10/31/2009 **Expiration Date:**

Agency Number:

Facility: RFP 7-14 351956053 Vendor Federal ID: Vendor Telephone Nbr: 317-254-1132

Name Of Contact Pers: ANDY LAMBERSON **FAX Number:** 317-715-9147

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity	UNIT Holiday/Overtime \$	Article and Description Shift 1	Unit Price
173	99,999,99	9.00 HUR00000000010005733 Holiday/Overtime Sh		46.8200
174	99,999,99	9.00 HUR00000000010005733 Holiday/Overtime Sh		49.5200
175	99,999,99	9.00 HUR0000000010005733	Registered Nurse, Seymour District, Regular Shift 1	45.4300
176	99,999,99	9.00 HUR0000000010005733	Registered Nurse, Seymour District, Regular Shift 2	46.4300
177	99,999,99	9.00 HUR0000000010005733	Registered Nurse, Seymour District, Regular Shift 3	47.4300
178	99,999,99	9.00 HUR00000000010005733 Shift 1	Registered Nurse, Seymour District, Holiday/Overtime	61.3300
179	99,999,99	9.00 HUR00000000010005734 Shift 2	Registered Nurse, Seymour District, Holiday/Overtime	62.6800
180	99,999,99	9.00 HUR00000000010005734 Shift 3	Registered Nurse, Seymour District, Holiday/Overtime	64.0300
181	99,999,99	9.00 HUR00000000010005734 Shift 1	42 Clinical Nurse Specialist, Seymour District, Regular	65.9700
182	99,999,99	9.00 HUR00000000010005734 Shift 2	43 Clinical Nurse Specialist, Seymour District, Regular	65.9700
183	99,999,99	9.00 HUR0000000010005734 Shift 3	44 Clinical Nurse Specialist, Seymour District, Regular	65.9700
184	99,999,99	9.00 HUR0000000010005734 Holiday/Overtime Sh		89.0600
185	99,999,99	9.00 HUR00000000010005734 Holiday/Overtime Sh		89.0600
186	99,999,99	9.00 HUR0000000010005734 Holiday/Overtime Sh		89.0600
187	99,999,99	9.00 HUR0000000010005734	Nurse Practitioner, Seymour District, Regular Shift 1	65.9700
188	99,999,99	9.00 HUR0000000010005734	Nurse Practitioner, Seymour District, Regular Shift 2	65.9700
189	99,999,99	9.00 HUR0000000010005735	Nurse Practitioner, Seymour District, Regular Shift 3	65.9700
190	99,999,99	9.00 HUR00000000010005735 Holiday/Overtime Sh		89.0600
191	99,999,99	9.00 HUR00000000010005735 Holiday/Overtime Sh	52 Nurse Practitioner, Seymour District, ift 2	89.0600
192	99,999,99	9.00 HUR00000000010005735 Holiday/Overtime Sh	53 Nurse Practitioner, Seymour District, ift 3	89.0600
193	99,999,99	9.00 HUR00000000010005736	Radiologic Technician, Seymour District, Regular	48.9100

RN SPECIALTIES Vendor PO BOX 6069-DEPT 159 Remit to:

INDIANAPOLIS IN 46206

Name and RN SPECIALTIES

Cntct: ANDY LAMBERSON Address of Vendor: 409 MASSACHUSETTS AVE INDIANAPOLIS IN 46204

Page 12 of 15

ASA7-7-40 Medical Temp Requisition Nbr.:

09/01/2007 Effective Date: 10/31/2009 **Expiration Date:**

Agency Number:

Facility: **RFP 7-14** 351956053 Vendor Federal ID: Vendor Telephone Nbr: 317-254-1132

Name Of Contact Pers: ANDY LAMBERSON

FAX Number: 317-715-9147

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity	UNIT Shift 1	Article and Description	Unit Price
194	99,999,999	9.00 HUR000000000100057361 Shift 2	Radiologic Technician, Seymour District, Regular	49.9100
195	99,999,999	9.00 HUR000000000100057362 Shift 3	Radiologic Technician, Seymour District, Regular	50.9100
196	99,999,999	9.00 HUR000000000100057363 Holiday/Overtime Shift		66.0300
197	99,999,999	9.00 HUR000000000100057364 Holiday/Overtime Shift	, ,	67.3800
198	99,999,999	9.00 HUR000000000100057365 Holiday/Overtime Shift		68.7300
199	99,999,999	9.00 HUR000000000100057366 1	Certified Nurse Aide, Seymour District, Regular Shift	24.9000
200	99,999,999	9.00 HUR000000000100057367 2	Certified Nurse Aide, Seymour District, Regular Shift	25.9000
201	99,999,999	9.00 HUR000000000100057368 t3	Certified Nurse Aide, Seymour District, Regular Shif	27.9000
202	99,999,999	9.00 HUR000000000100057369 Holiday/Overtime Shift		33.6200
203	99,999,999	9.00 HUR000000000100057370 Holiday/Overtime Shift		34.9700
204	99,999,999	9.00 HUR000000000100057371 Holiday/Overtime Shift		37.6700
205	99,999,999	9.00 HUR000000000100057372 Shift 1	Qualified Medication Aide, Seymour District, Regular	27.9000
206	99,999,999	9.00 HUR000000000100057373 Shift 2	Qualified Medication Aide, Seymour District, Regular	28.9000
207	99,999,999	9.00 HUR000000000100057374 Shift 3	Qualified Medication Aide, Seymour District, Regular	29.9000
208	99,999,999	9.00 HUR000000000100057375 Holiday/Overtime Shift		37.6700
209	99,999,999	9.00 HUR000000000100057376 Holiday/Overtime Shift		39.0200
210	99,999,999	9.00 HUR000000000100057377 Holiday/Overtime Shift		40.3700
211	99,999,999	9.00 HUR000000000100057408 Shift 1	Licensed Practical Nurse, Vincennes District, Regular	33.6800
212	99,999,99	9.00 HUR00000000100057409	Licensed Practical Nurse, Vincennes District, Regular	34.6800

RN SPECIALTIES Vendor PO BOX 6069-DEPT 159 Remit to:

INDIANAPOLIS IN 46206

Name and RN SPECIALTIES

Cntct: ANDY LAMBERSON Address of Vendor: 409 MASSACHUSETTS AVE INDIANAPOLIS IN 46204

Page 13 of 15

ASA7-7-40 Medical Temp Requisition Nbr.:

Effective Date: 09/01/2007 10/31/2009 **Expiration Date:**

Agency Number:

Facility: RFP 7-14 351956053 Vendor Federal ID: Vendor Telephone Nbr: 317-254-1132

Name Of Contact Pers: ANDY LAMBERSON

FAX Number: 317-715-9147

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity	UNIT Shift 2	Article and Description	Unit Price
213	99,999,99	9.00 HUR0000000010005741 Shift 3	0 Licensed Practical Nurse, Vincennes District, Regular	36.6800
214	99,999,99	9.00 HUR00000000010005741 Holiday/Overtime Shi		45.4700
215	99,999,99	9.00 HUR00000000010005741 Holiday/Overtime Shi		46.8200
216	99,999,99	9.00 HUR00000000010005741 Holiday/Overtime Shi	3 Licensed Practical Nurse, Vincennes District, ft 3	49.5200
217	99,999,99	9.00 HUR0000000010005741	4 Registered Nurse, Vincennes District, Regular Shift 1	45.4300
218	99,999,99	9.00 HUR0000000010005741	5 Registered Nurse, Vincennes District, Regular Shift 2	46.4300
219	99,999,99	9.00 HUR00000000010005741	6 Registered Nurse, Vincennes District, Regular Shift 3	47.4300
220	99,999,99	9.00 HUR0000000010005741 Holiday/Overtime Shi		61.3300
221	99,999,99	9.00 HUR0000000010005741 Holiday/Overtime Shi		62.6800
222	99,999,99	9.00 HUR0000000010005741 Holiday/Overtime Shi		64.0300
223	99,999,99	9.00 HUR00000000010005742 Regular Shift 1	O Clinical Nurse Specialist, Vincennes District,	65.9700
224	99,999,99	9.00 HUR00000000010005742 Regular Shift 2	1 Clinical Nurse Specialist, Vincennes District,	65.9700
225	99,999,99	9.00 HUR00000000010005742 Regular Shift 3	2 Clinical Nurse Specialist, Vincennes District,	65.9700
226	99,999,99	9.00 HUR00000000010005742 Holiday/Overtime Shi		89.0600
227	99,999,99	9.00 HUR00000000010005742 Holiday/Overtime Shi		89.0600
228	99,999,99	9.00 HUR00000000010005742 Holiday/Overtime Shi		89.0600
229	99,999,99	9.00 HUR0000000010005742 1	6 Nurse Practitioner, Vincennes District, Regular Shift	65.9700
230	99,999,99	9.00 HUR00000000010005742 2	7 Nurse Practitioner, Vincennes District, Regular Shift	65.9700
231	99,999,99	9.00 HUR0000000010005742 3	8 Nurse Practitioner, Vincennes District, Regular Shift	65.9700
232	99,999,99	9.00 HUR0000000010005742	9 Nurse Practitioner, Vincennes District,	89.0600

RN SPECIALTIES Vendor PO BOX 6069-DEPT 159 Remit to:

INDIANAPOLIS IN 46206

Name and RN SPECIALTIES

Cntct: ANDY LAMBERSON Address of Vendor: 409 MASSACHUSETTS AVE INDIANAPOLIS IN 46204

Page 14 **of** 15

ASA7-7-40 Medical Temp Requisition Nbr.:

09/01/2007 Effective Date: 10/31/2009 **Expiration Date:**

Agency Number:

Facility: **RFP 7-14** 351956053 Vendor Federal ID: Vendor Telephone Nbr: 317-254-1132

Name Of Contact Pers: ANDY LAMBERSON FAX Number: 317-715-9147

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity UNIT Holiday/Overtime	Article and Description e Shift 1	Unit Price
233	99,999,999.00 HUR000000000100057 Holiday/Overtime S	430 Nurse Practitioner, Vincennes District, Shift 2	89.0600
234	99,999,999.00 HUR000000000100057 Holiday/Overtime S		89.0600
235	99,999,999.00 HUR00000000100057 Shift 1	438 Radiologic Technician, Vincennes District, Regular	48.9100
236	99,999,999.00 HUR00000000100057 Shift 2	439 Radiologic Technician, Vincennes District, Regular	49.9100
237	99,999,999.00 HUR00000000100057 Shift 3	440 Radiologic Technician, Vincennes District, Regular	50.9100
238	99,999,999.00 HUR00000000100057 Holiday/Overtime S		66.0300
239	99,999,999.00 HUR00000000100057 Holiday/Overtime S	, ,	67.3800
240	99,999,999.00 HUR00000000100057 Holiday/Overtime S	443 Radiologic Technician, Vincennes District, Shift 3	68.7300
241	99,999,999.00 HUR00000000100057 Shift 1	444 Certified Nurse Aide, Vincennes District, Regular	24.9000
242	99,999,999.00 HUR00000000100057 Shift 2	445 Certified Nurse Aide, Vincennes District, Regular	25.9000
243	99,999,999.00 HUR00000000100057 Shif t3	446 Certified Nurse Aide, Vincennes District, Regular	27.9000
244	99,999,999.00 HUR00000000100057 Holiday/Overtime S	447 Certified Nurse Aide, Vincennes District, Shift 1	33.6200
245	99,999,999.00 HUR00000000100057 Holiday/Overtime S	448 Certified Nurse Aide, Vincennes District, Shift 2	34.9700
246	99,999,999.00 HUR00000000100057 Holiday/Overtime S	449 Certified Nurse Aide, Vincennes District, Shift 3	37.6700
247	99,999,999.00 HUR00000000100057 Regular Shift 1	450 Qualified Medication Aide, Vincennes District,	27.9000
248	99,999,999.00 HUR000000000100057 Regular Shift 2	451 Qualified Medication Aide, Vincennes District,	28.9000
249	99,999,999.00 HUR00000000100057 Regular Shift 3	452 Qualified Medication Aide, Vincennes District,	29.9000
250	99,999,999.00 HUR00000000100057 Holiday/Overtime S		37.6700
251	99,999,999.00 HUR00000000100057	454 Qualified Medication Aide, Vincennes District,	39.0200

Vendor **RN SPECIALTIES** Remit to: PO BOX 6069-DEPT 159

INDIANAPOLIS IN 46206

Name and RN SPECIALTIES

Address Cntct: ANDY LAMBERSON of Vendor: 409 MASSACHUSETTS AVE INDIANAPOLIS IN 46204

Page 15 of 15

ASA7-7-40 Medical Temp Requisition Nbr.:

Effective Date: 09/01/2007 10/31/2009 **Expiration Date:**

Agency Number:

Facility: RFP 7-14 Vendor Federal ID: 351956053 Vendor Telephone Nbr: 317-254-1132

Name Of Contact Pers: ANDY LAMBERSON

FAX Number: 317-715-9147

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

The Vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration of the QPA but issued prior to the expiration date. The quantity listed herein is an estimate of the requirements. The state may order substantially more or substantially less pursuant to the terms of this agreement. Orders are to be delivered only upon receipt of properly approved Quantity Purchase Award Release.

Unit Price Line Number Quantity UNIT **Article and Description** Holiday/Overtime Shift 2

252 99,999,999.00 HUR00000000100057455 Qualified Medication Aide, Vincennes District, Holiday/Overtime Shift 3

40.3700

The following UN/CEFACT Unit of Measure Common Codes are used in this document:

HUR Hour

Signature of Purchasing Officer	Typed Name	Signature Of Approval Office Of the State Attorney General	
	Date Signed	Typed Name	Date Signed
Authorized Signature Indiana Department Of Administration Procurement Division 402 West Washington Street, Rm W468 Indianapolis, Indiana 46204 Telephone: (317) 232-3053			